



Figure 2 (a)

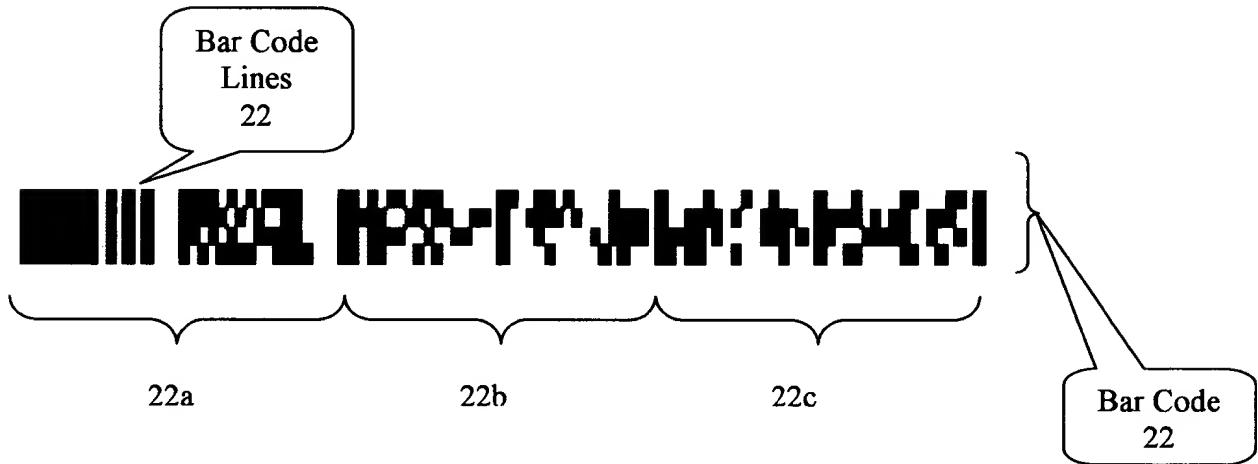


Figure 2 (b)

Figure 3

Bar Code Line  
22



Bar Code  
21

To \_\_\_\_\_

From \_\_\_\_\_

Date \_\_\_\_\_

Comments  
32

Coded  
Information  
Header Sheet  
31

**Figure 4**

<b>Identification Number 164 A</b>	<b>Coded Information 164 B</b>
1 2 3 4 5	· · · · ·
1 2 3 4 6	· · · · ·
1 2 3 4 7	· · · · ·
1 2 3 4 8	· · · · ·

Unique  
Transmission  
Record  
164X



**Figure 5(a)**

<b>Identification Number 166 A</b>	<b>Coded Information 166 B</b>
1 2 3 4 5	A B C D E F G
1 2 3 4 6	H I J K L M N
1 2 3 4 7	O P Q R S T U
1 2 3 4 8	V W X Y Z

Unique  
Record  
166X

**Figure 5(b)**

<b>Identification Number 170 A</b>	<b>Coded Information 170 B</b>

170

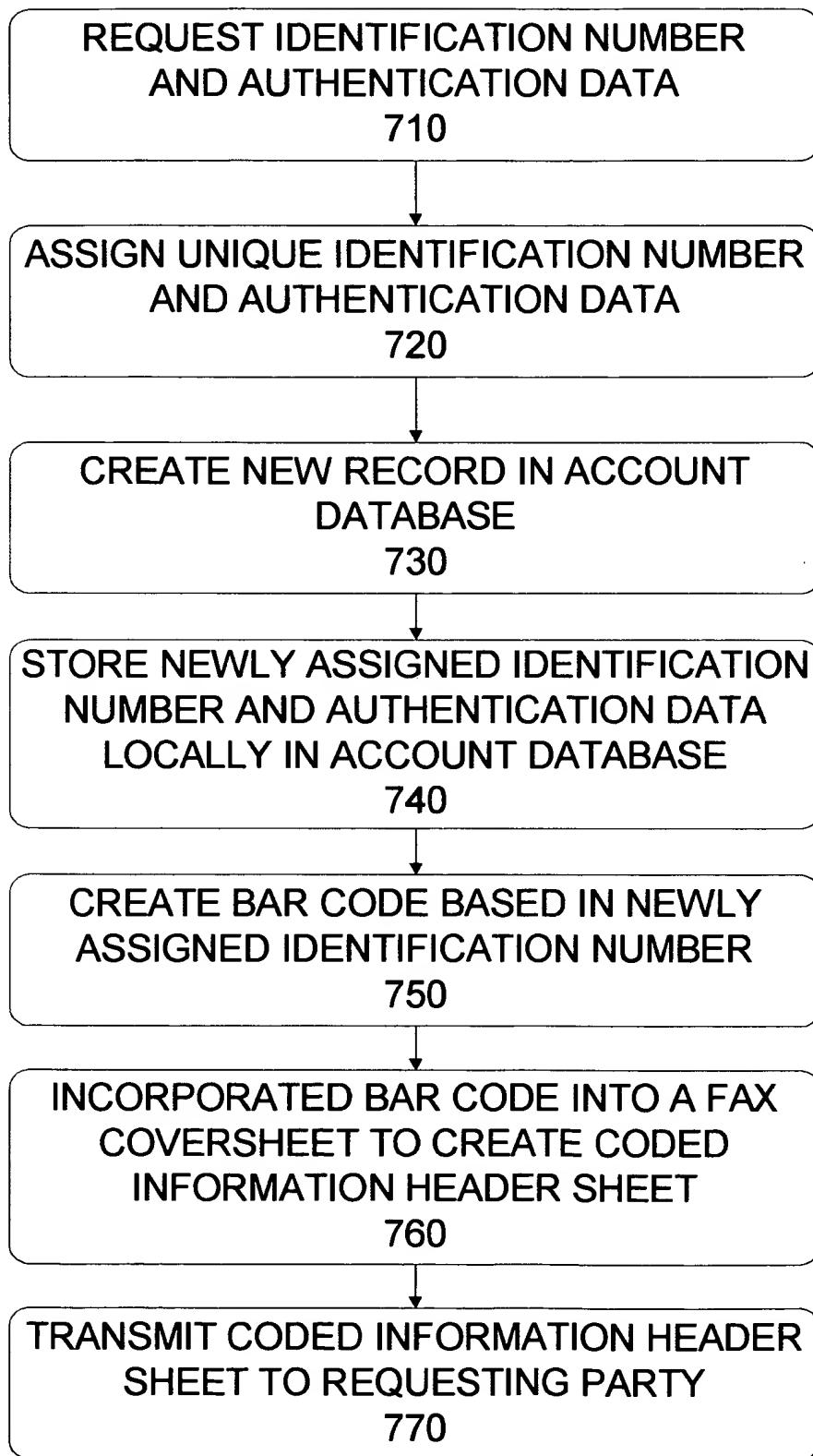
**Figure 6**

<b>Patient Identification Number</b> <b>172 a</b>	<b>Access Code</b> <b>172 b</b>

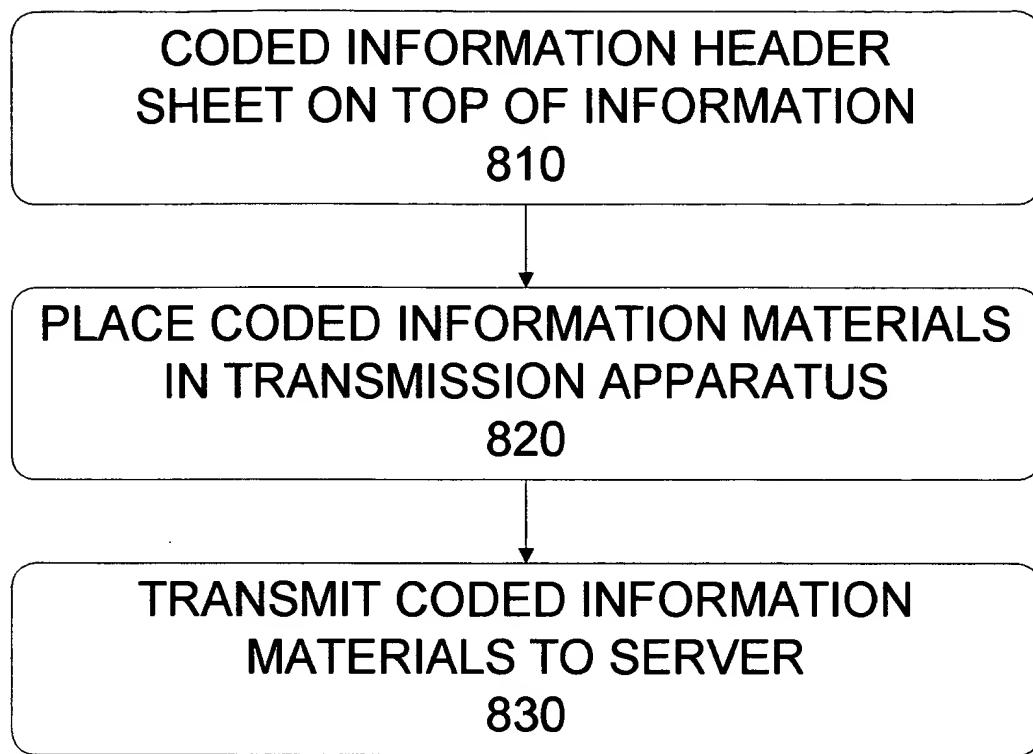
172



Figure 7



**Figure 8**



**Figure 9**

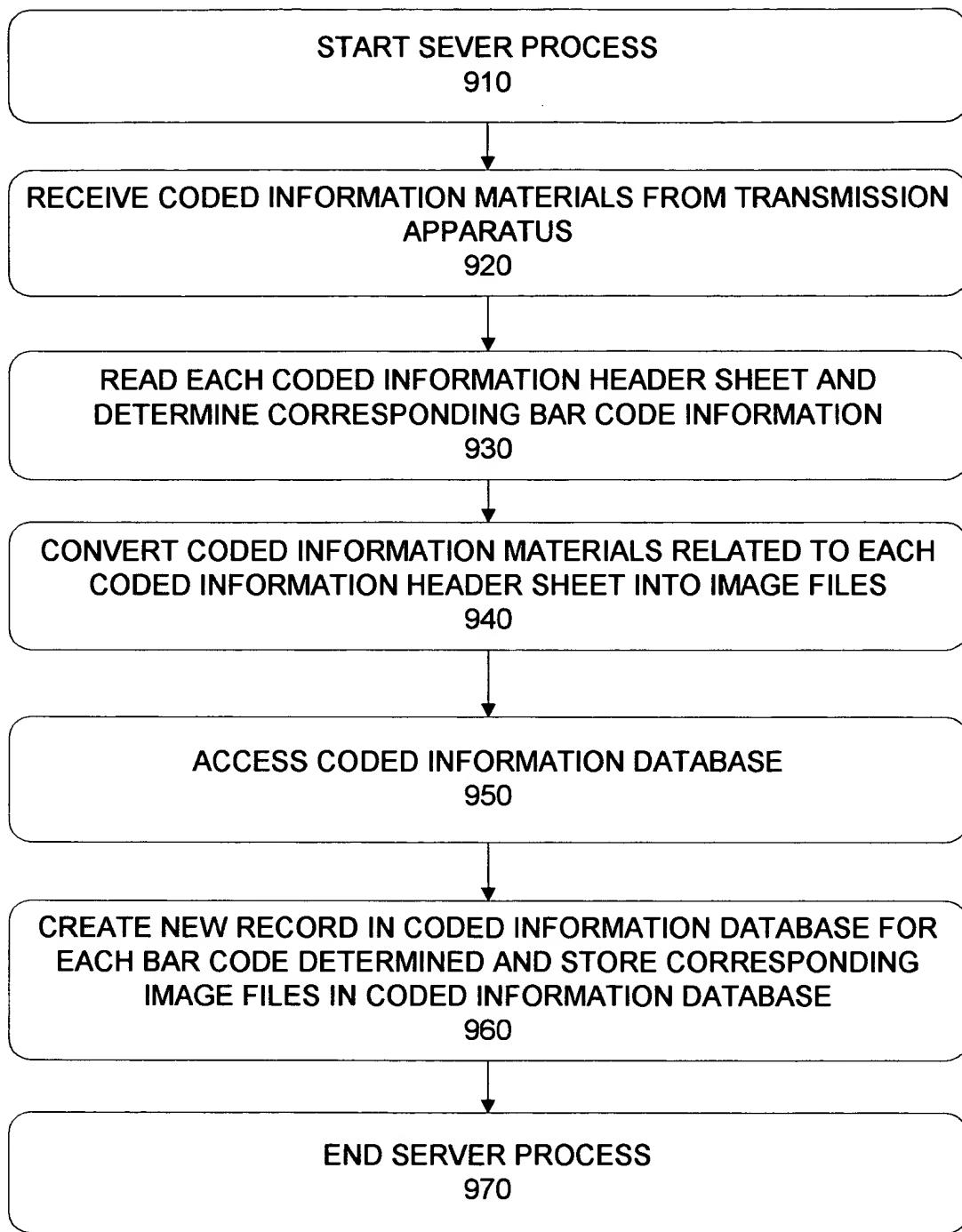
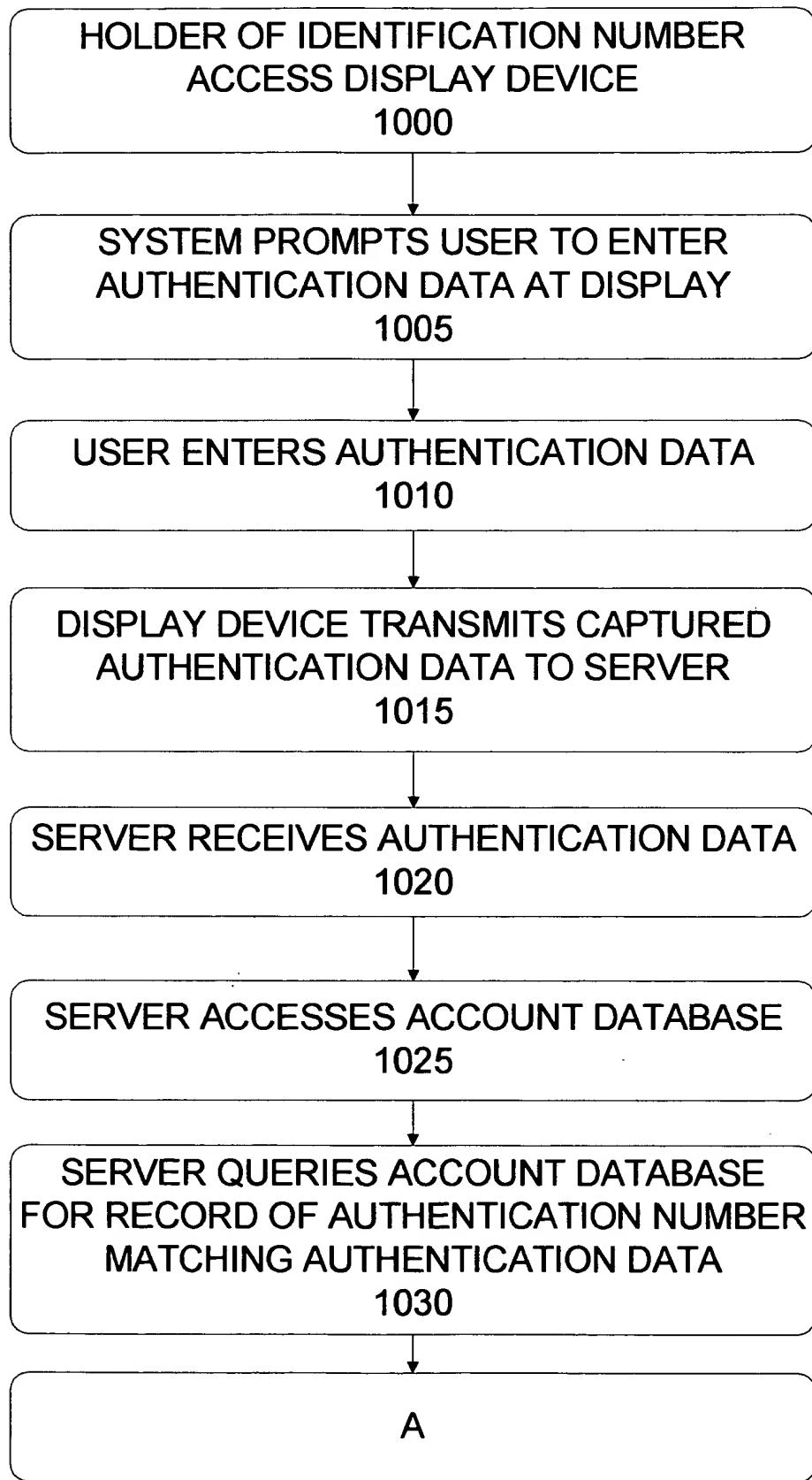


Figure 10(a)



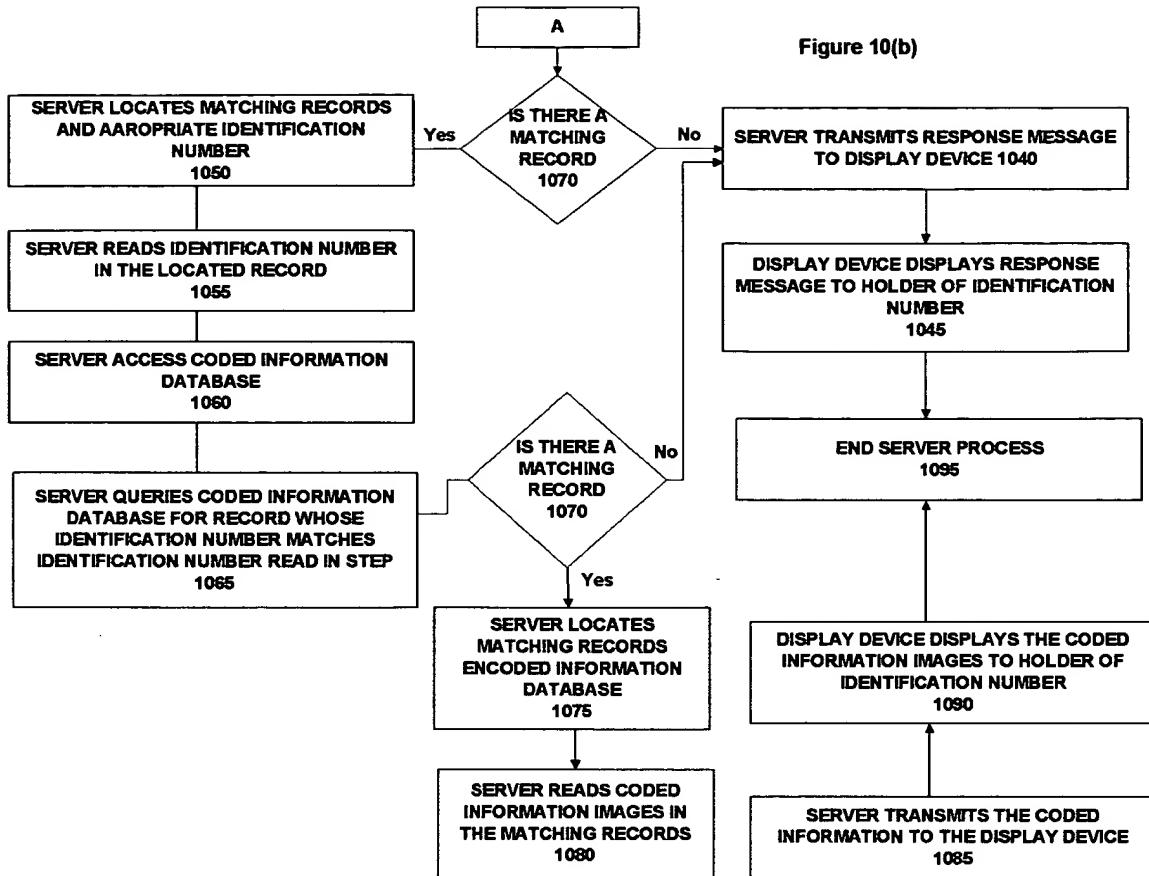
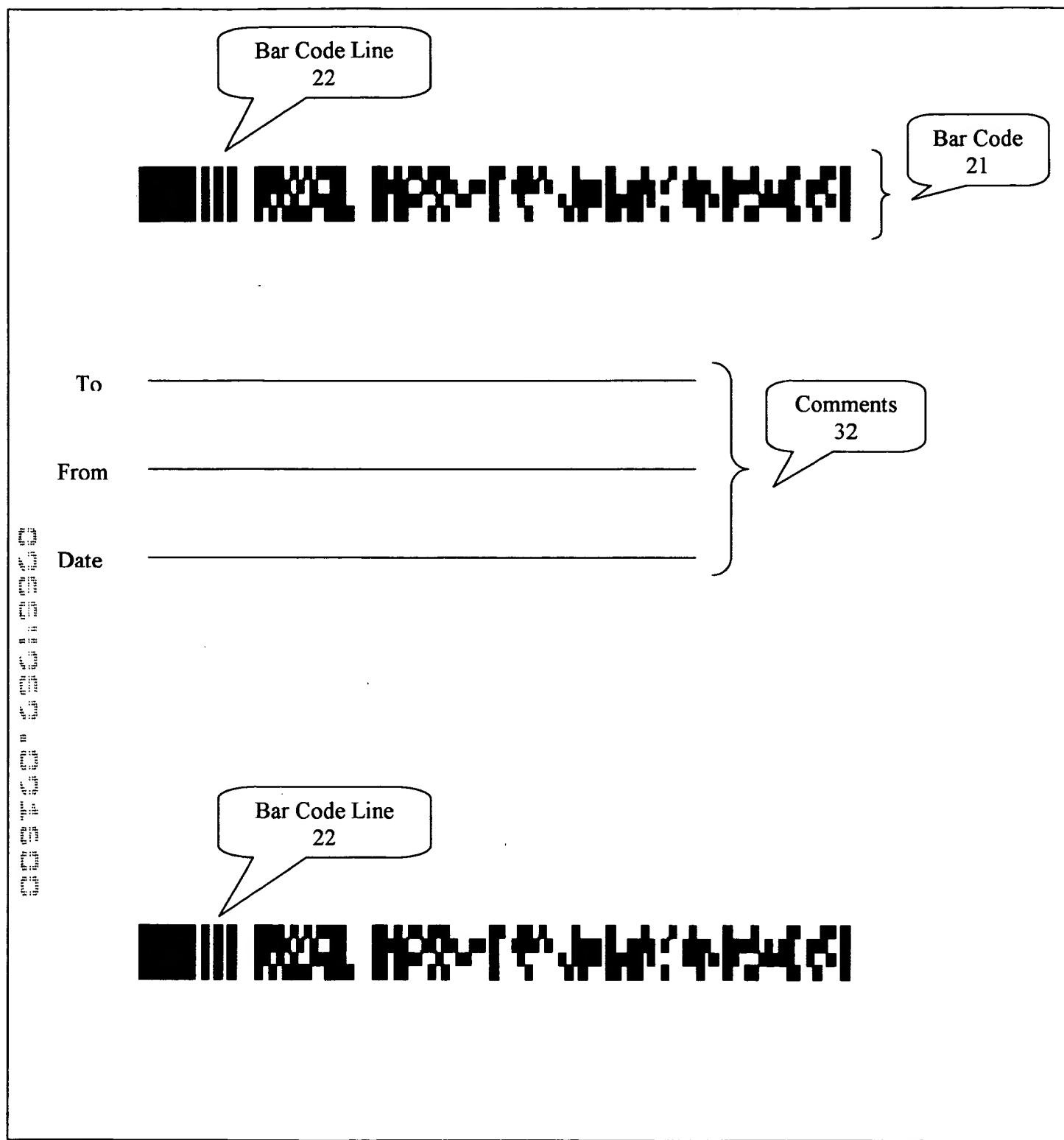


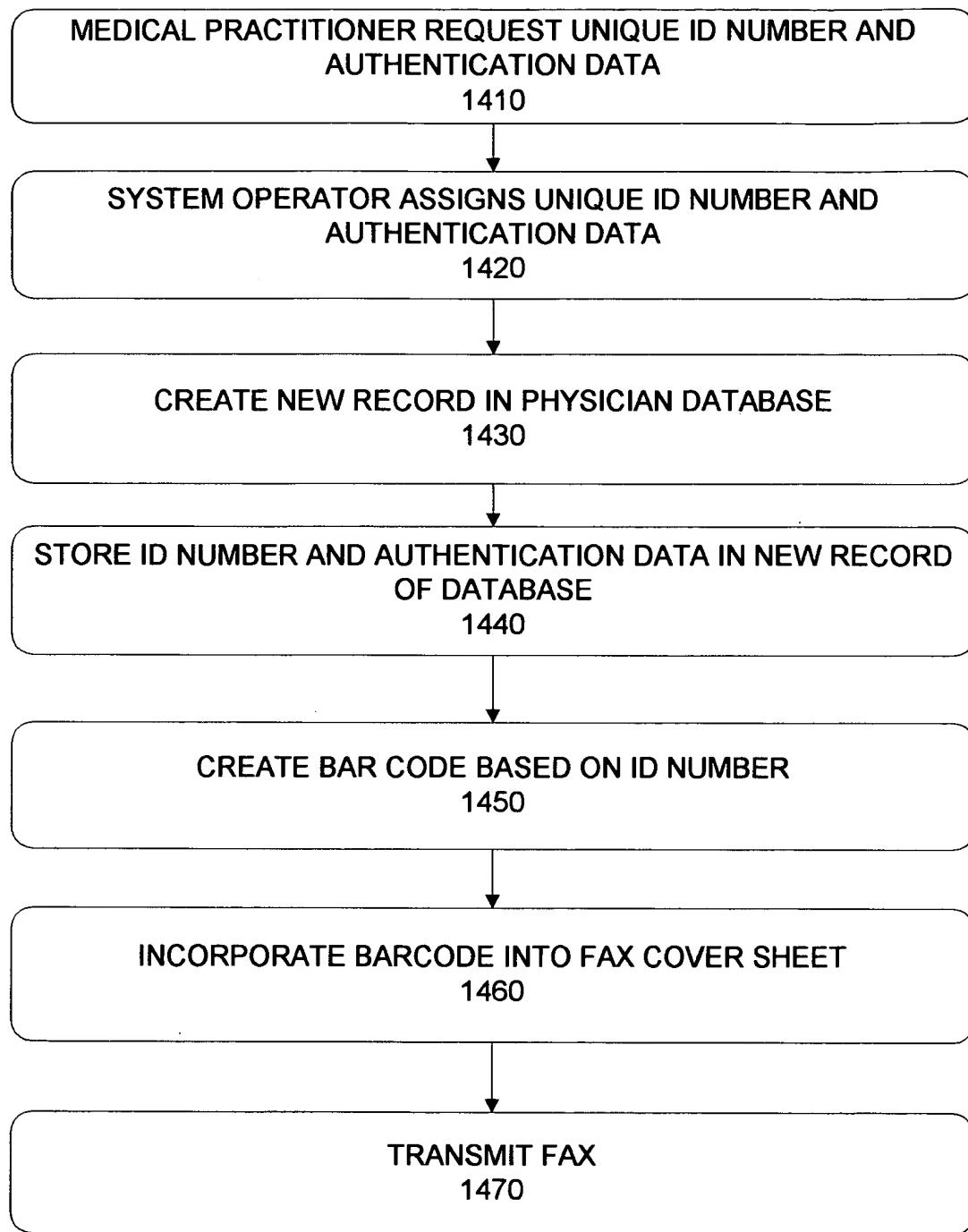
Figure 10(b)

Figure 11



Coded  
Information  
Header Sheet  
31

**Figure 12**



## *MyMedicalFiles (MMF)*

225



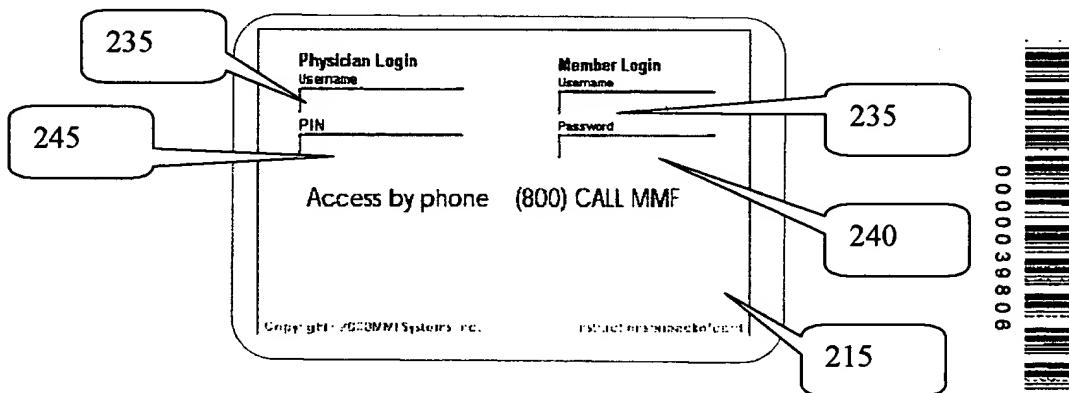
0000039806

**Reusable Fax Cover Page** **Fax To: 1 (917) 322 2227**

Patient Name (Print)	First	Last	Date of Birth	/	/
I authorize my physician to fax in my medical files to MMF Systems, Inc. I authorize MMF Systems, Inc. to charge my credit card \$35.00 plus sales tax.					
Patient Signature	Card Holder's Signature		(fill only if different from patient)		
Credit Card Number			Expiration Date		
<input type="text"/>			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
			Month	Year	
<b>Patient Information</b>					
Phone (      )	Email				
Address		City	State	ZIP	
To allow your Physician to view your medical files, copy the PIN from your MMF card into the box below.					
Username	Enter PIN to allow Physician access				
39806					

### **Instructions for the Physician's Office:**

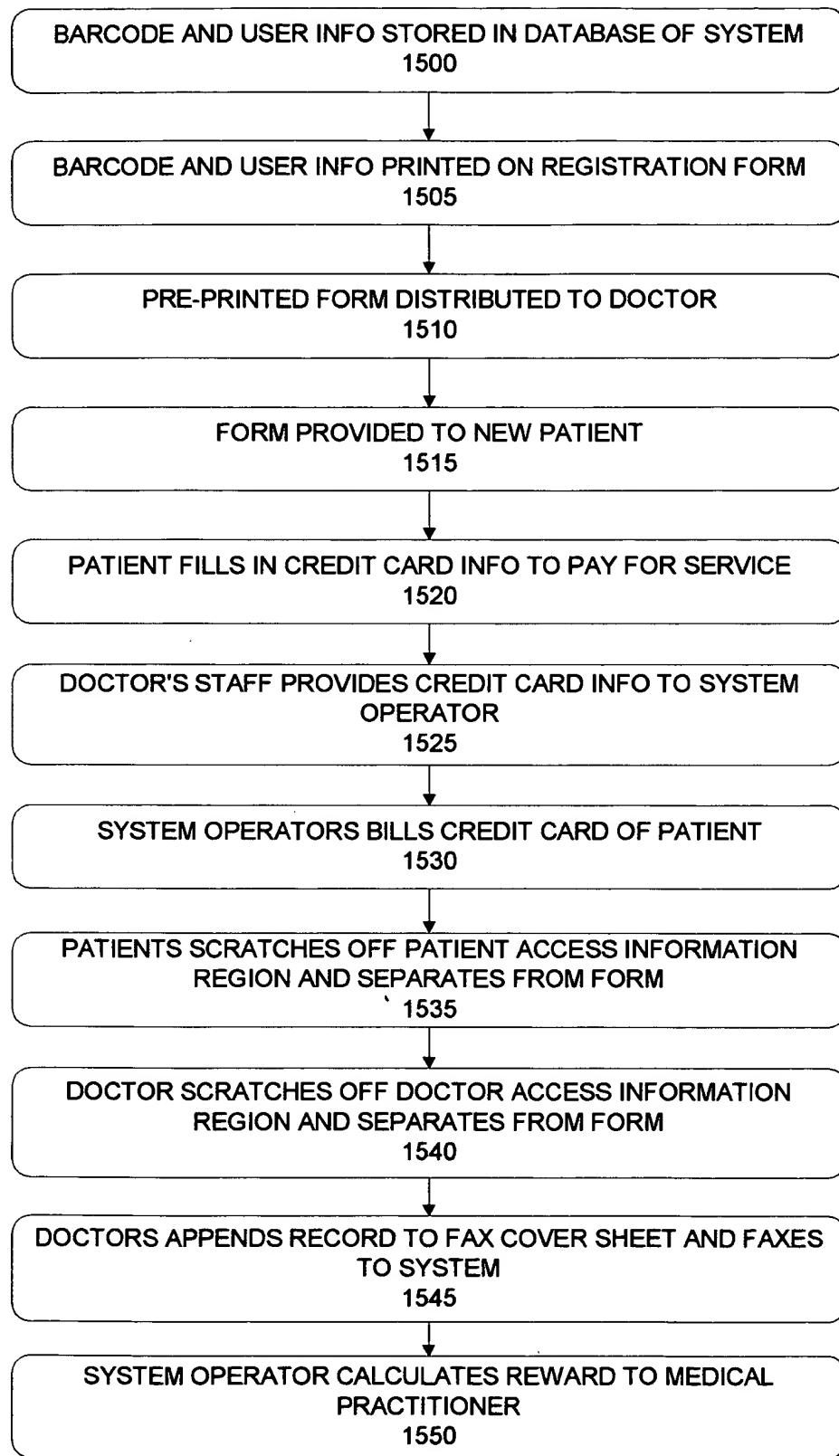
**Step 1: Use Fax Cover Page to send the medical records selected by physician**  
**Step 2: Keep this Fax Cover Page in MMF Manual or in your files.**



**IMPORTANT:** Verify medical records being faxed belong to patient above.

Figure 13

**Figure 14**



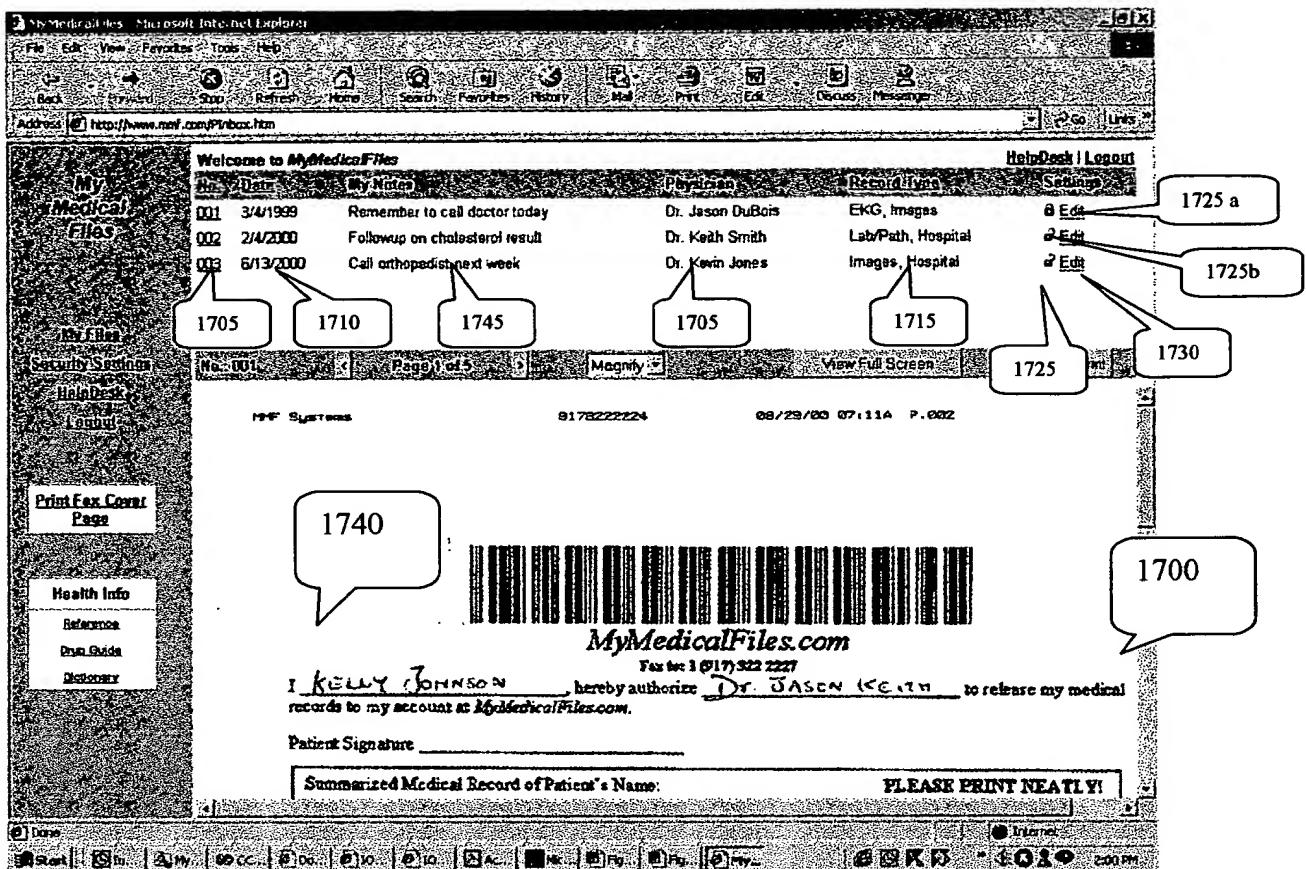


Figure 15

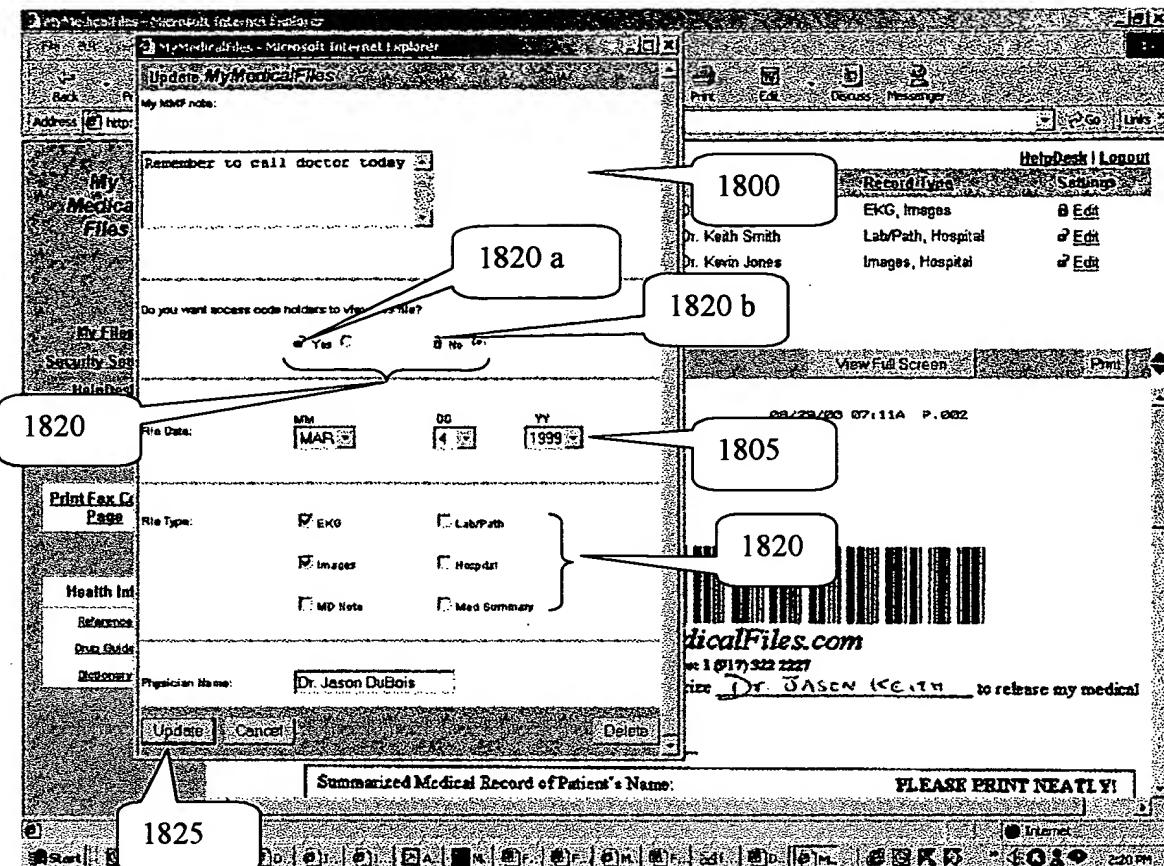


Figure 16



**Figure 18**

No	Patient Name	User ID#	Access Code	Other
1	Jim Jones	12345	xyz	....
2	Stan Smith	67890	abc	.....
3			“Access Denied”	....
4				
5				

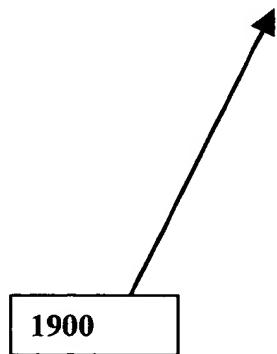
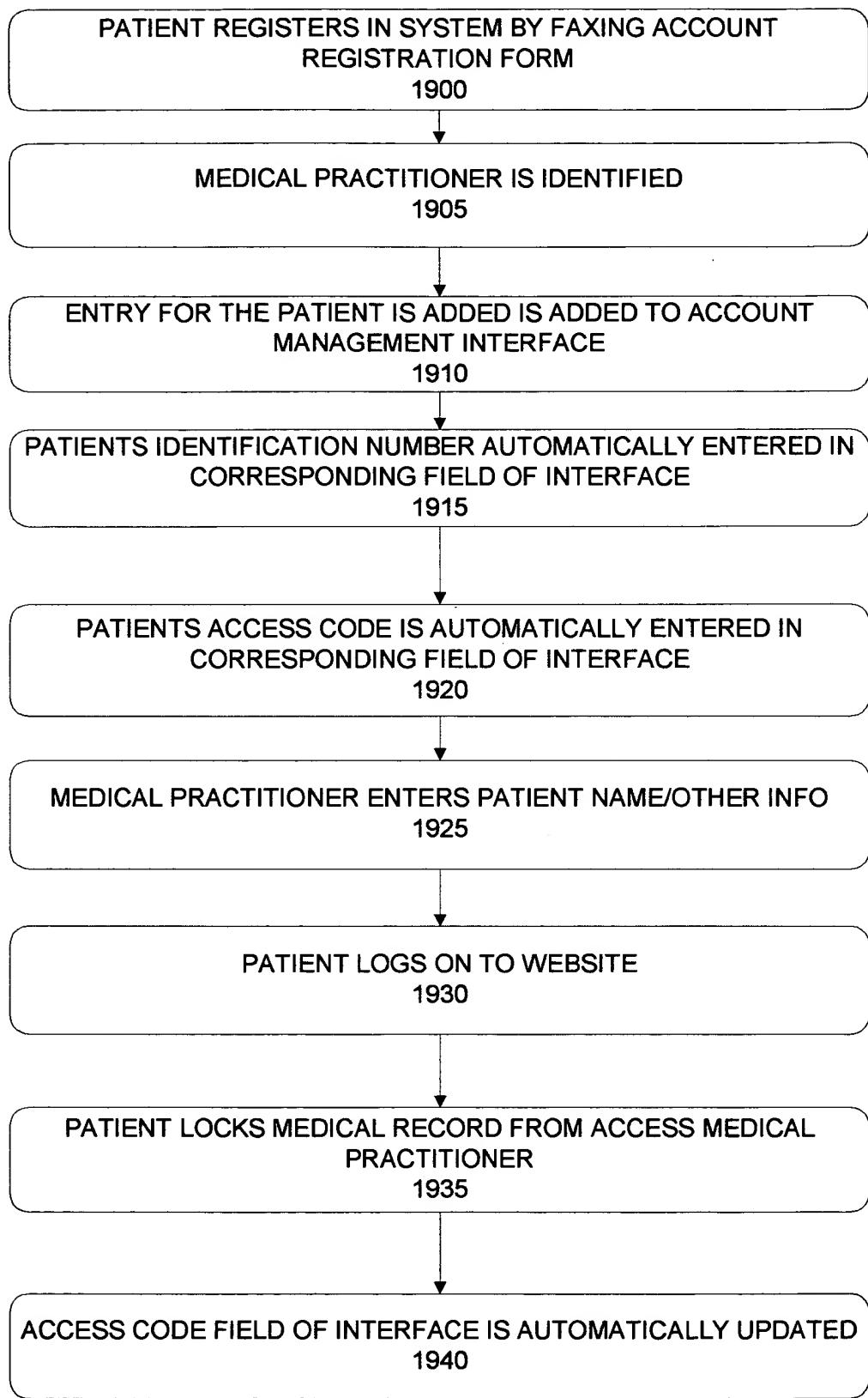


Figure 19





21

*MyMedicalFiles*  
For Tel: 1 (917) 322 2222

**MMF RE-USABLE FAX COVER PAGE**

I authorize my physician to fax in my medical files to my account at MMF Systems, Inc. I have read and understood the Terms of Use as printed on the brochure (or website).

Patient signature \_\_\_\_\_

If you wish, please provide your Physician with Username and Access code so he/she may access your record when making medical decisions.

Patient Name (Printed)	Kelly Johnson
Date Of Birth	
Username (Optional)	
Access Code (Optional)	

405

**Instructions for the Physician's Office:**

Step 1: Please use this re-usable fax cover page to send to MMF the medical documents the physician has selected.

Step 2: Please retain this fax cover page in the MMF Manual or in your traditional filing systems.

**OFFICE STAFF: Please verify the documents being faxed belong to this patient.**

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**Figure 20**